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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *acth*  
 This appln claims benefit of 60/463,614 04/17/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *awp*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TN	SHEETS DRAWING 5	TOTAL CLAIMS 248	INDEPENDENT CLAIMS 21
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	Verified and Acknowledged <i>Blum</i> Examiner's Signature	Initials <i>JP</i>		

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## TITLE

Combination abdominal/pectoral exercise device

FILING FEE  RECEIVED 421	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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